

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2139

State File No.

BIRTH NO. <u>9680-50</u>		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>82</u>					
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury Township</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>E of Salisbury</u>							
3. NAME OF DECEASED (Type or Print) <u>Brenda</u>		b. (Middle) <u>Eilene</u>		c. (Last) <u>Schnetzler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1950</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb 1-1950</u>					
9. AGE (In years last birthday) <u>—</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>		IF UNDER 1 HRS. Hours <u>—</u> Min. <u>4</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Moberly Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Leslie Schnetzler</u>		13b. MOTHER'S MAIDEN NAME <u>Fern Brookie</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Schnetzler</u> ADDRESS <u>—</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal Erythroblastosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>7700</u>				19. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>									
22. I hereby certify that I attended the deceased from <u>1 Feb</u> , 19 <u>50</u> , to <u>2 Feb</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2 Feb</u> , 19 <u>50</u> , and that death occurred at <u>6:35 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W.D. Glute MD</u> (Degree or title) <u>—</u>		23b. ADDRESS <u>204 1/2 North 4th Moberly, Mo</u>		23c. DATE SIGNED <u>3 Feb 50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-3-50</u>		REGISTRAR'S SIGNATURE <u>Charles E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. ...</u>		ADDRESS <u>Salisbury Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 7 1950

District Health Officer No.

District File Number 2-30-2

Date Filed FEB 7 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

not embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Charles B. Winkelmayer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.